

TENNESSEE HOME INSPECTOR LICENSING BOARD Department of Commerce and Insurance 500 James Robertson Parkway Nashville, TN 37243 615-741-1741

Fax: 615-253-1179

www.tn.gov/commerce/boards/hic/index.html

CONTINUING EDUCATION - COURSE SPONSOR APPLICATION

CONTINUING EDUCATION - COURSE	SPONSON AFFL	CATION		
	FOR C	FFICE USE ONLY		
	Date Received			
	() Approved	() Disapproved		
	Course #			
Please Type or Print	Legibly			
GENERAL INSTRUCTIONS				
Application for approval as a continuing education provider must be maderinted in ink, and all items must be completed. This application must be days prior to the scheduled date of the course.				

CONTINUING EDUCATION PROVIDER

Address					
(Provide Str	eet Address and also P.O. Box if	any, & include zip code for each)			
		(Street Address Zip Code)		()	elephone)
(City)	(State)	(Street Address Zip Code)	P.O. Box Zip Code	(T	elephone)
Contact Person		Telephone			
Address		Fax #			
		E-m	ail:		
City	State	Zip Code			
Number of Contact Hours Requ	ested	INFORMATION			
Course ContentPlea	ase attach a <u>detailed</u> outl	ine or a copy of the cours	e curriculum		
(If the Tennessee Home Inspe previously approved, but cours documentation)					
ocation of course or seminars					
		Street Address			
n_1533	City	Sta	e —	Zip Code	RDΔ 221

CONTINUING EDUCATION INSTRUCTOR APPLICATION

NAME OF INSTRUCTOR		
Employee of		
Instructor Qualifications	Please Attach Resume(s)	

Per the Tennessee Home Inspector License Act of 2005, this form must be completed in order for the Tennessee Home Inspector Licensing Program to consider approving your course/seminar for their Continuing Education Program. Please provide all information requested.

The Tennessee Home Inspector Licensing Program will review and revise this form as needed.

IN-1533 RDA 2225